

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Permit #: 14-0045
Date: 5-1-14
Amount Paid: \$675
Refund:

Date Stamp Received)

APR 29 2014

Bayfield Co. Zoning Dept.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Rob & Barb Croft	Mailing Address: 11443 Zachary Lane, Bayton, MN, 55369	City/State/Zip: Bayton, WI 54873	Telephone: 715-3580
Address of Property: 5595 Jens Rd.	Contractor Phone: 715-3445	Plumber: Andy Rasmussen & Sons	Plumber Phone: 715-3355
Contractor: Christenson Construction	Agent Phone: 580-0367	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Justin Christenson	715		
PROJECT LOCATION 1/4, 1/4	Gov't Lot 3	CSM	Vol & Page
	Lot(s)	Lot(s) No.	Block(s) No.
Section 2 , Township 44 N, Range 9 W		Town of: Bayton	Lot Size
			Acreage 1.566

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 75 feet		

Value at Time of Completion * include donated time & material \$225,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> X Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: Conc	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction: 2480	Length: 40	Width: 44	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(40 X 44)	1760
	with Loft	(20 X 20)	400
	with a Porch	(6 X 10)	60
	with (2 nd) Porch	(20 X 10)	300
	with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Mobile Home (manufactured date) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
Rec'd for Issuance			
<input type="checkbox"/> Special Use: (explain) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Conditional Use: (explain) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Other: (explain) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date **2-11-14**

(If there are Multiple Owners listed on the Deed All Owners must sign on letter(s) of authorization must accompany this application)

Authorized Agent: **X** _____ Date **X** _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **Christenson Construction 50450 Lake Rd** Copy of Tax Statement

Barnes, WI 54873 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

SHOW Location of:

Indicate:

show location of (*) :

show:

Now:

```
how any (*):
```

how any (*) :

.....

Proposed Construction

North (N) on Plot Plan

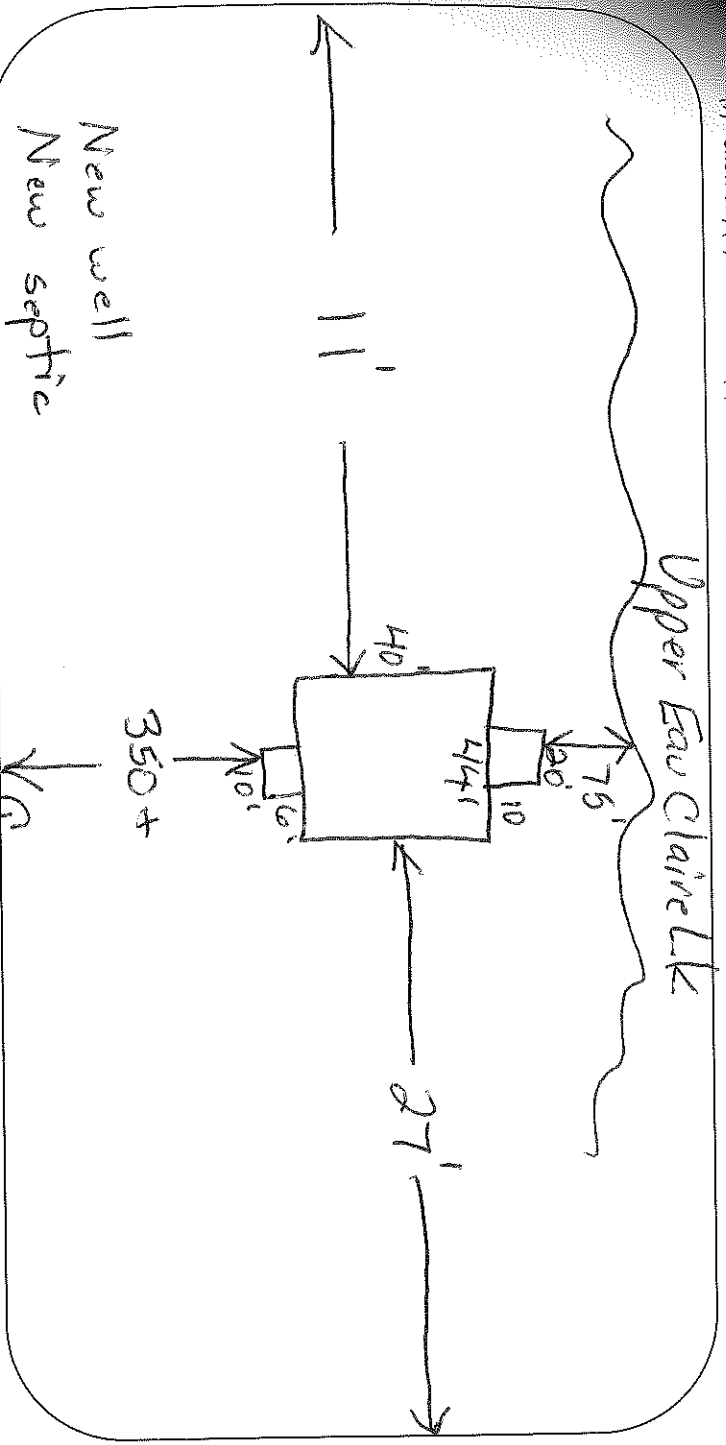
(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%



please complete (1) – (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	350 ± Feet	Setback from the Lake (ordinary high-water mark)	73 Feet
Setback from the Established Right-of-Way	350 ± Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line <i>Town Rd</i>	NA Feet		
Setback from the South Lot Line <i>Lake</i>	NA Feet	Setback from Wetland	70' Feet
Setback from the West Lot Line	11' Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	27' Feet	Elevation of Floodplain	1 Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be indicated by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun...

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:	3	10-16-13
Permit #: 14-0045	Permit Date: 5-1-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Affidavit Required Affidavit Attached
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No
Inspection Record: Well sited. Metcalf wetlands.	Zoning District (R-1, R-3) Lakes Classification (1)			
Date of Inspection: 4-29-14	Inspected by: M. Furtak	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Fencing must be removed from Vegetation Protection Area. (within 50' of lake). Forest floor level must be must be 1138.8 NAVD 88 or higher.				
Signature of Inspector: Michael Furtak	Date of Approval: 4-29-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

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PO Box 58
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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

APR 22 2014

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/aso)

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANTARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Permit #:	14-0049
Date:	5-2-14
Amount Paid:	\$54.00 \$50.51-14
Refund:	

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: Bales, Timothy & Cynthia Trust		Mailing Address: 50640 PEAFIELD BARNEYS WJ 57873		City/State/Zip: 775-795-3196		Telephone: 775-795-3196			
Address of Property: 404 W 1st Builders/Trees, etc.		City/State/Zip: 775-651-1232		Contractor Phone: 775-651-1232		Plumber: 651-283-8900		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: 775-651-1232		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-004-2-44-09-11-1-01-000-		Recorded Document: (i.e. Property Ownership) 824		Page(s) 125/682	
SE 1/4, NE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page V6	
P125 IN V824 P. 682		LESS 922		V6		Block(s) No.		Subdivision:	
Section 11 , Township 44 N, Range 09 W		Town of: BARNEYS		Lot Size 36 Acres		Acreage 36			
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue →		Distance Structure is from Shoreline: _____ feet							

Value at Time of Completion *Include donated time & material	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 20,000 <u>\$0.24,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input checked="" type="checkbox"/> NA
	<input type="checkbox"/> Conversion	<input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement		<input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Foundation				
	<input type="checkbox"/> Run a Business on Property					
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 48	Width: 30	Height: 15 feet

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Metal Garage	(30 x 48)	1440
	Residence (i.e. cabin, hunting shack, etc.)	(x)	
	with Loft	(x)	
	with a Porch	(x)	
	with (2 nd) Porch	(x)	
	with a Deck	(x)	
	with (2 nd) Deck	(x)	
	with Attached Garage	(x)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(x)	
	Mobile Home (manufactured date) _____	(x)	
	Addition/Alteration (specify) _____	(x)	
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) Metal Garage	(30 x 28)	1440
	Accessory Building Addition/Alteration (specify) _____	(x)	

	Special Use: (explain) _____	(x)	
	Conditional Use: (explain) _____	(x)	
	Other: (explain) _____	(x)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

PAULINA LOPEZ, CLERK OF THE COUNTY OF BAYFIELD, I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John & Julie M. Jell

Date April 19 2014

Authorized Agent: _____

Date _____

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

Copy of Tax Statement ☒ _____

Copy of Board of Dead _____

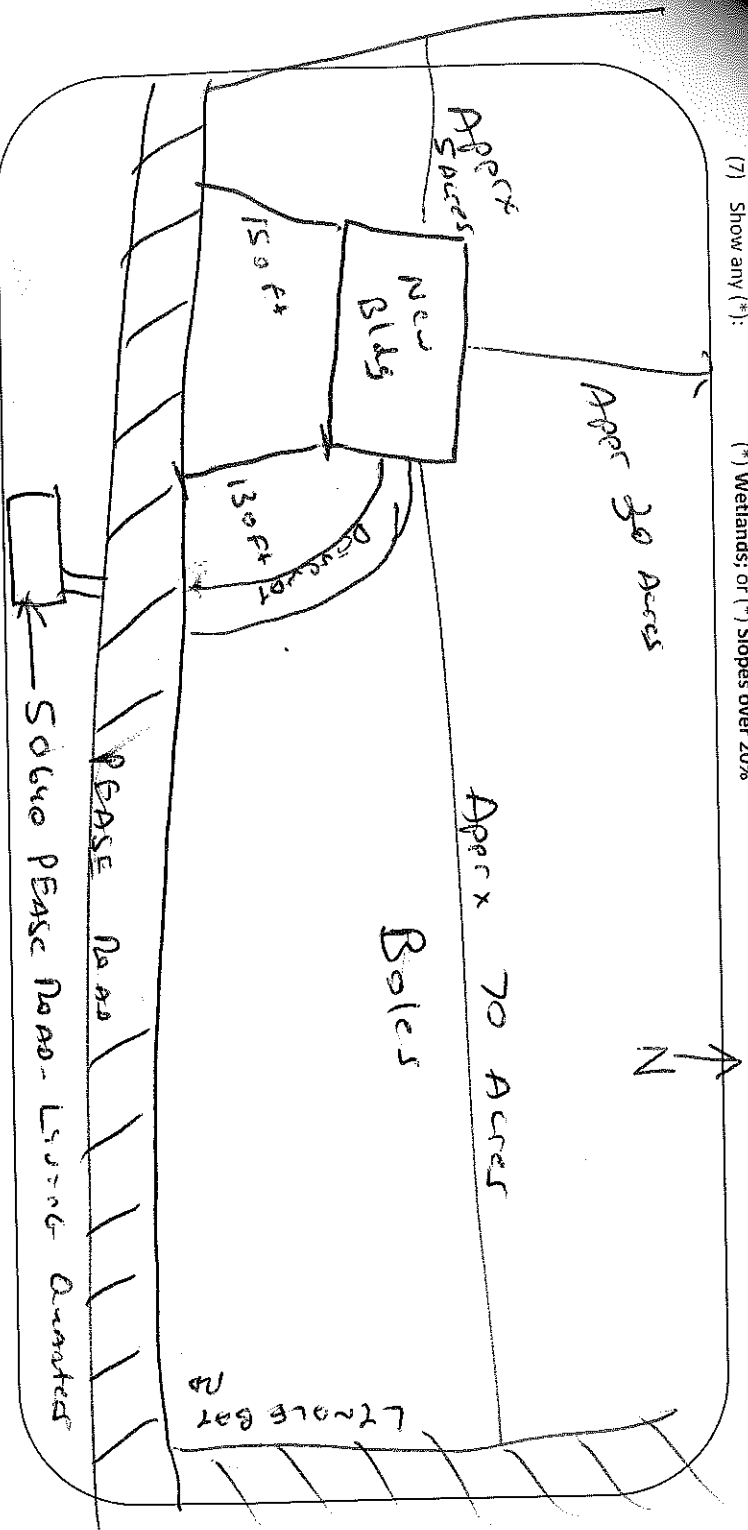
Attach
Copy of Tax Statement ✓
property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

PRINCIPAL STRUCTURE?

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- North (N) on Plot Plan
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150 Ft	Setback from the Lake (ordinary high-water mark)	NA
Setback from the Established Right-of-Way	100 +	Setback from the River, Stream, Creek	NA
Setback from the North lot line	1000 + 1000 = 2000	Setback from the Bank or Bluff	NA
Setback from the South lot line	1000 + 1000 = 2000	Setback from Wetland	NA
Setback from the West lot line	1000 + 1000 = 2000	Setback from 20% Slope Area	NA
Setback from the East lot line	1000 + 1000 = 2000	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	NA	Setback to Well	NA
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	NA		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0049		Permit Date: 5-2-14		
Is Parcel a Sub-Standard Lot		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record: well staked. Metcalf setbacks.		Zoning District (P.R.2)		
Property lines per owner's representation		Lakes Classification (NA)		
Date of Inspection: 4-25-14		Inspected by: M. Finkel		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)		Date of Re-Inspection:		
The water under pressure in structure may not be used for human habitation				
Signature of Inspector: Michael Metcalf		Date of Approval: 4-29-14		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
APR 25 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0056
Date:	5-7-14
Amount Paid:	\$1654-85-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:			City/State/Zip:		Telephone:	
Bill + Jane Minge		3950 York Ave S			MPLS MN 55406			
Address of Property:		City/State/Zip:			Cell Phone:			
49745 East Shore Road		Barnes WI 54873						
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:		
Lake County Builders		412-812-0562		Parsmusier		765-798-3355		
Authorized Agent: (Person signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		
Selle Pearl		612-812-0562		339 Second Street Excelsior MN 55339		Yes <input type="checkbox"/> No <input type="checkbox"/>		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-0043-44-09-17-105-002-04000		Recorded Document: (i.e. Property Ownership) Volume 1065 Page(s) 930		
1/4, 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
		2	1+3	216	2, 271			
Section 17, Township 44 N, Range 9 W		Town of:		Barnes		Lot Size		Acreage
								4.274

Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	If yes—continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If yes—continue →	Distance Structure is from Shoreline: feet		

☐ Non-Shoreland

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 55,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>Crawl</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement <u>100</u>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>	with Loft	() X ()	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with a Porch	() X ()	
	<input type="checkbox"/>	with (2 nd) Deck	() X ()	
	<input type="checkbox"/>	with a Deck	() X ()	
	<input type="checkbox"/>	with (2 nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with Attached Garage	() X ()	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	() X ()	
	<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	
<input checked="" type="checkbox"/> Addition/Alteration (specify)	<input checked="" type="checkbox"/>	<u>entryway remodel interior</u>	(5' X 12')	60
<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/>	<u>add 1BR (4x6)</u>	() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>		() X ()	
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>		() X ()	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>		() X ()	
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>		() X ()	

MAY 7 2014
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which shall be held harmless by the applicant(s) relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above information at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Selle Pearl

Date 4-22-14

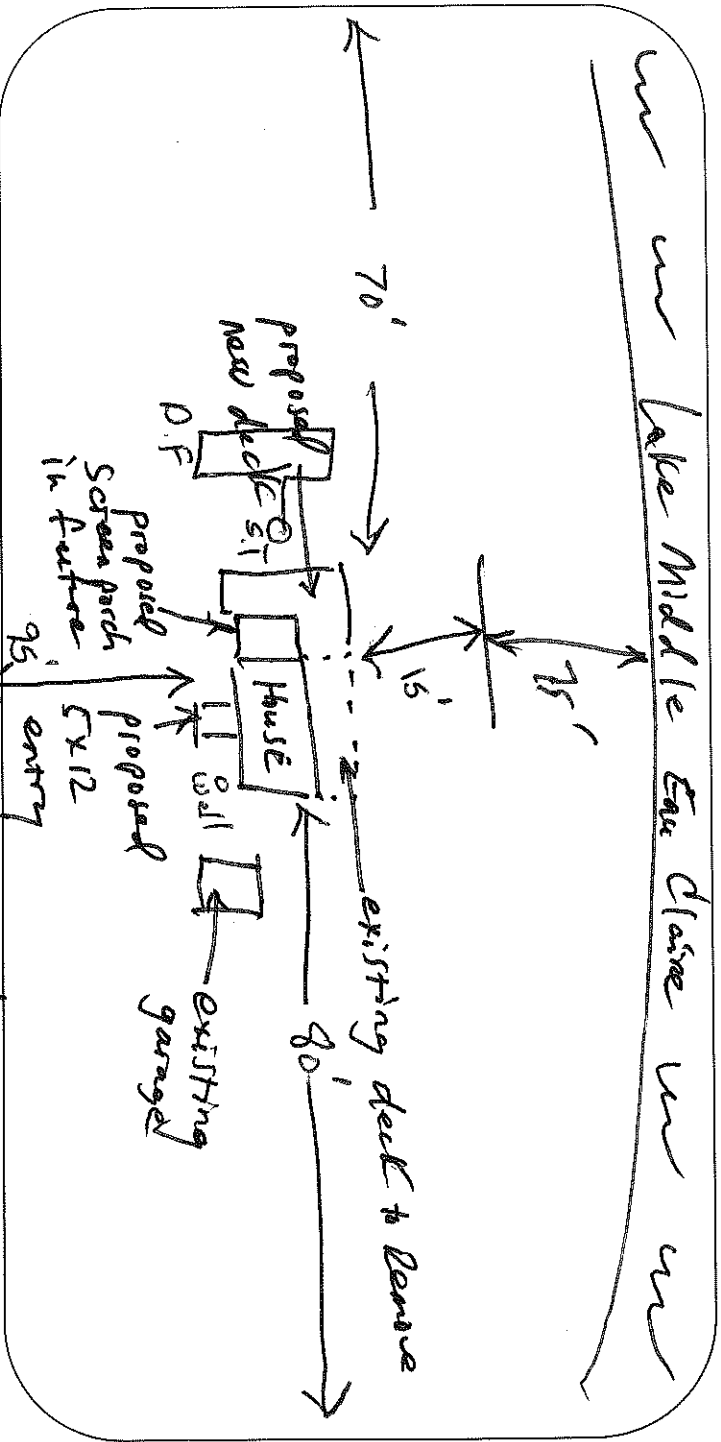
Address to send permit

Lake County Builders
339 Second Street - Excelsior MN 55331

Copy of Tax Statement ☒
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	95 Feet	Setback from the Lake (ordinary high-water mark)	95 Feet
Setback from the Established Right-of-Way	NA	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	NA	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	NA	Setback from Wetland	NA
Setback from the West Lot Line	70 Feet	Setback from 20% Slope Area	NA
Setback from the East Lot Line	80 Feet	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	5 Feet
Setback to Drain Field	20 Feet		
Setback to Privy (Portable, Composting)	NA		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 11-1045	# of bedrooms: 4	Sanitary Date: 10-12-11					
Permit Denied (Date):		Reason for Denial:							
Permit #: 14-0057		Permit Date: 5-7-14							
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)		Case #:		Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inspection Record:		Zoning District (R-3)							
Date of Inspection: 5-6-14		Inspected by: M. Fustal		Lakes Classification (1)		Date of Re-Inspection:			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)									
Signature of Inspector: Michael Fustal		Date of Approval: 5-7-14							
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

\$ 75

Permit #:	14-0058
Date:	5-2-14
Amount Paid:	\$ 75 4-25-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>Bill & Jane Minge</u>	Mailing Address: <u>3950 York Ave S Mpls MN 55410</u>	City/State/Zip: <u>Mpls MN 55410</u>	Telephone: <u>715-798-3355</u>
Address of Property: <u>49745 East Shore Road</u>	Contractor Phone: <u>612-812-0562</u>	Plumber: <u>Rasmussen</u>	Cell Phone: <u>715-798-3355</u>
Contractor: <u>Lake Country Builders</u>	Agent Phone: <u>612-812-0562</u>	Agent Mailing Address (include City/State/Zip): <u>339 Second Street Excelsior MN 55331</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Elise Pearl</u>	PIN: (23 digits) <u>04-004-2-44-09-17-105-00204000</u>	Recorded Document: (i.e. Property Ownership) <u>1065</u>	Page(s) <u>930</u>
PROJECT LOCATION <u>1/4, 1/4</u>	Gov't Lot <u>2</u>	Lot(s) <u>1+3</u>	GSM <u>216</u>
Vol & Page <u>2, 271</u>	Lot(s) No.	Block(s) No.	Subdivision:
Section <u>17</u> , Township <u>44</u> N, Range <u>9</u> W	Town of: <u>Barnes</u>		
Distance Structure is from Shoreline: feet	Distance Structure is from Floodplain Zone: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material <u>\$16,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water	
							<input type="checkbox"/> Non-Shoreland
							<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage
							Distance Structure is from Shoreline: feet
							Distance Structure is from Floodplain Zone: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Year Round	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conv</u>	<input type="checkbox"/> K Well	<input type="checkbox"/> K Well	
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)			
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement NO	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None			

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

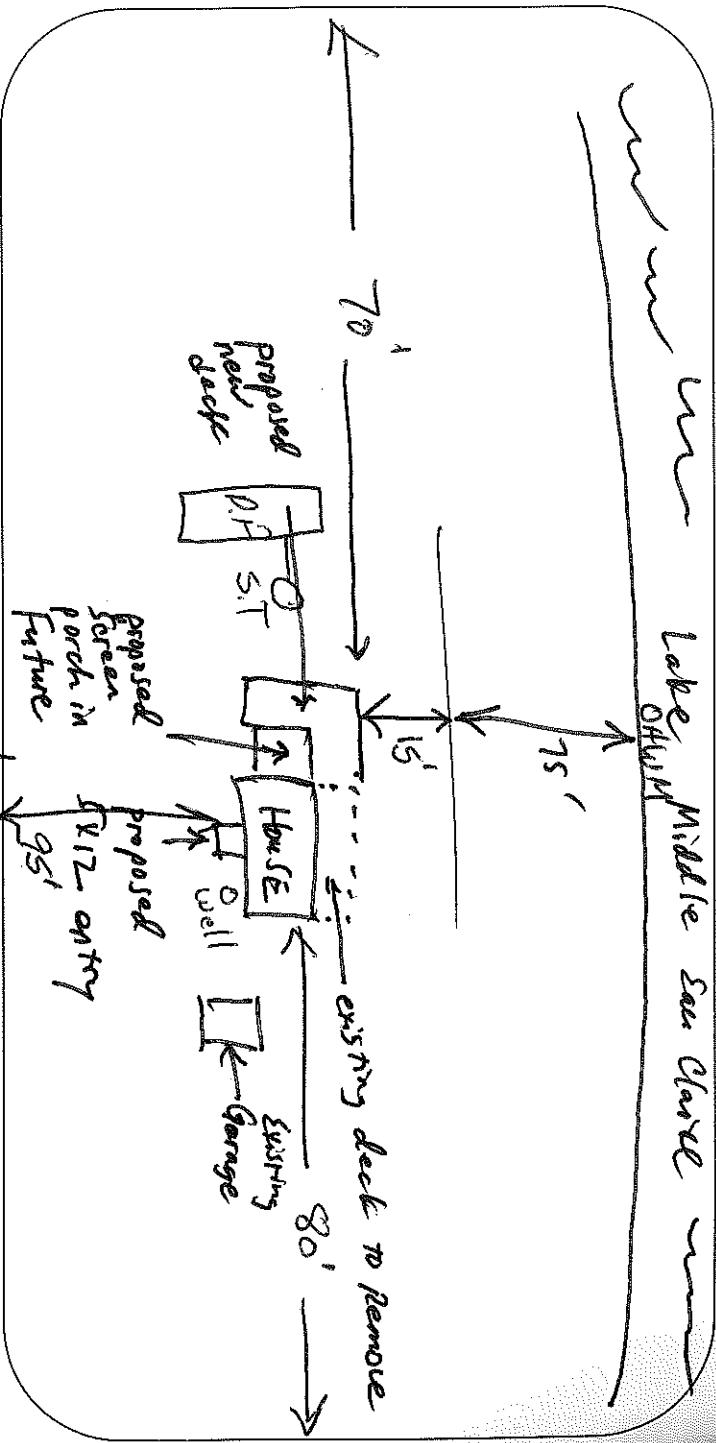
Proposed Use	✓	Principal Structure (first structure on property)	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)		()	
	<input type="checkbox"/>	with Loft		()	
	<input type="checkbox"/>	with a Porch		()	
	<input type="checkbox"/>	with (2 nd) Porch		()	
	<input type="checkbox"/>	with a Deck		()	
	<input type="checkbox"/>	with (2 nd) Deck		()	
	<input type="checkbox"/>	with Attached Garage		()	
	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		()	
	<input type="checkbox"/>	Mobile Home (manufactured date)		()	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>deck</u>			()	
<input type="checkbox"/> Accessory Building (specify) <u>screen porch</u>			()		
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)			()		
<input type="checkbox"/> Special Use: (explain)			()		
<input type="checkbox"/> Conditional Use: (explain)			()		
<input type="checkbox"/> Other: (explain)			()		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Elise Pearl _____ Date 4-22-14
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 339 Second Street- Excelsior MN Attach ☒
Lake Country Builders 55331 you recently purchased the property send your Recorded Deed
Copy of Tax Statement
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) **Show location of:** **Proposed Construction**
North (N) on Plot Plan
- (2) **Show / Indicate:** (*) **Driveway and (*) Frontage Road** (Name Frontage Road)
- (3) **Show location of (*):** **All Existing Structures on your Property**
- (4) **Show:** (*) **Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (5) **Show any (*):** (*) **Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (6) **Show any (*):** (*) **Wetlands; or (*) Slopes over 20%**
- (7) **Show any (*):**



Please complete (1) – (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Easement Rd

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	95 Feet	Setback from the Lake (ordinary high-water mark)	95 Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	70 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	80 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	5 Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

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For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <i>1-1045</i>	# of bedrooms: <i>4</i>	Sanitary Date: <i>10-12-11</i>		
Permit Denied (Date):	Reason for Denial:					
Permit #: <i>14-0058</i>	Permit Date: <i>5-9-14</i>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: <i>M. Fuchs</i>				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
<i>Well staked. Meets all setbacks.</i>						
Date of Inspection: <i>5-6-14</i>	Inspected by: <i>M. Fuchs</i>					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
Signature of Inspector: <i>Michael J. Fuchs</i>		Date of Approval: <i>5-7-14</i>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			